

COMPLAINT INVESTIGATION REPORTSTOCKTON SATELLITE, 510 MAGNOLIA ST, STE 3
STOCKTON, CA 95202

This is an official report of an unannounced visit/investigation of a complaint received in our office on
12/17/2008 and conducted by Evaluator Dan O'Boyle

PUBLIC**COMPLAINT CONTROL NUMBER: 23-SC-20081217101719****FACILITY NAME:** EMERITUS AT HERITAGE PLACE**FACILITY NUMBER:** 397003261**ADMINISTRATOR:** JOANN MC REYNOLDS**FACILITY TYPE:** 740**ADDRESS:** 355 WEST GRANT LINE ROAD**TELEPHONE:** (209) 835-1000**CITY:** TRACY**STATE:****ZIP CODE:** 95376**CAPACITY:** 180**CENSUS:** 109**DATE:** 03/12/2009

UNANNOUNCED

TIME VISIT BEGAN: 02:52 PM**MET WITH:** Joanne Mc Reynolds**TIME COMPLETED:** 04:45 PM**ALLEGATION(S):**

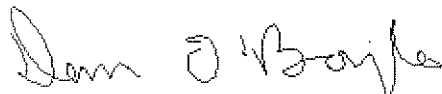
1 Facility is accepting residents without LIC 602. Corporate Office directing facility to admit without LIC 602.
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INVESTIGATION FINDINGS:

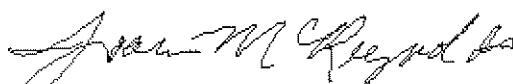
1 During LPA visit on 12/18/08 LPA reviewed 7 files at random of recently admitted residents to verify the
2 presence of a LIC 602A. Initially the facility was only able to provide four of the documents. Several days later
3 the facility provided the missing documents. At least two of them reflected completion dates after the resident
4 had been admitted.
5

6 LPA interviewed staff who were present at a meeting during which a corporate representative approved the
7 practice of admitting someone without a Physician Report. The participants at the meeting were told that the
8 aforementioned practice was not to be done indiscriminately or on a regular basis, but rather on a
9 case-by-case basis, and facilities could not make independent decisions to admit someone without the LIC
10 602A. Corporate would need to be contacted and given a detailed explanation about the circumstances
11 pertaining to the admission.
12
13

Continued on LIC 9099C

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Michael Smith**TELEPHONE:** (916) 263-4707**LICENSING EVALUATOR NAME:** Dan O'Boyle**TELEPHONE:** (209) 202-9551**LICENSING EVALUATOR SIGNATURE:****DATE:** 03/12/2009

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 03/12/2009

This report must be available at Child Care and Group Home facilities for public review for 3 years.

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMERITUS AT HERITAGE PLACE

FACILITY NUMBER: 397003261

VISIT DATE: 03/12/2009

NARRATIVE

1 Before making a joint decision by corporate and the facility to admit a resident without the required LIC
2 602A ,consideration would be given to the amount and quality of the background information already
3 acquired, the needs of the prospective resident, and any circumstances or needs that would justify admitting
4 the person without all required documents.
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6 LPA finds sufficient information to deem the allegation SUBSTANTIATED.
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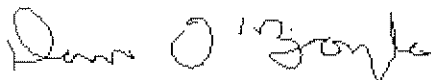
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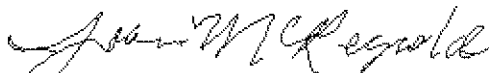
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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMERITUS AT HERITAGE PLACE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 397003261

VISIT DATE: 03/12/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/13/2009 Section Cited 87458(a)	1 MEDICAL ASSESSMENT - There were at least 2 2 physician reports completed several days or more 3 after the residents had been admitted to the facility. 4 5 6 7	1 Administrator will provide a facility policy regarding 2 proper admission procedures. The policy will be 3 submitted to CCL by end of business On 03/13/09. 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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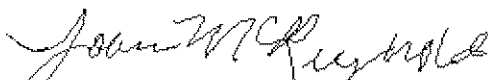
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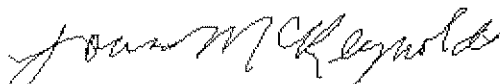
- 1 1. Former Nurse forging physician signature on LIC 602.
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- 3 2. No T.B. documents on residents.
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INVESTIGATION FINDINGS:

- 1 1. LPA found no evidence that the former nurse forged any signatures. When LPA interviewed her she denied
- 2 taking any such action.
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- 4 2. LPA found that in lieu of PPD tests the facility obtained chest x-rays.
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- 6 Allegations are UNFOUNDED
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Unfounded**Estimated Days of Completion:****SUPERVISOR'S NAME:** Michael Smith**TELEPHONE:** (916) 263-4707**LICENSING EVALUATOR NAME:** Dan O'Boyle**TELEPHONE:** (209) 202-9551**LICENSING EVALUATOR SIGNATURE:****DATE:** 03/12/2009

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